

Attachment I

County(ies) \_\_\_\_\_

Agency \_\_\_\_\_

Public Participation  
Planning Process

(1)	(2)	(3)
Date	Activity	Regional Office Monitoring

Column (1):     Date

Indicate the date of the proposed activity. Be as specific as possible. If you are unable to give a specific date now, then indicate a time frame (e.g., June 3-6). As specific dates become known, forward this information to the Regional Office so they may update their copy of the plan.

Column (2):     Activities

Each activity that the agency will carry out during the plan's period should be described in this space. The description should include the nature of the activity, the agencies involved e.g., Aging and Public Health Nurse as well as DSS), the location of the activity, the target group of the activity (e.g., about whom and from whom information is sought).

Column (3):     Regional Office Monitoring

Agencies do not complete this column. This column will be used by the DHFS Regional Office to check off and/or comment on the Implementation of the activities.